

April 26, 2012

Regarding **Claim Number 13035** filed on 5/13/2009

Case No. 08-35653 (KRH) Doc 11809

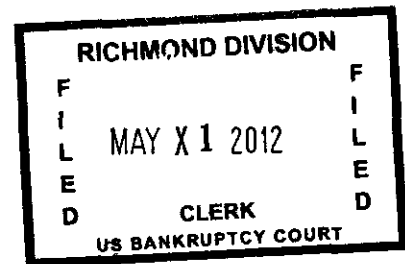
Dear Gentlemen,

I, Patricia Johnson, object to the expunging of my claim which was reduced from \$799.99 to an agreed upon amount of \$550.00 per the attached correspondence dated August 12, 2010. I am also enclosed a copy of the original claim on filed on May 7, 2009.

Thank you.

Patricia Johnson

Patricia Johnson
2680 Bellhurst Drive
Dunedin, FL 34698



Johnson, Patricia D. (Local Prod)

From: Andrew Caine [acaine@pszjlaw.com]
Sent: Tuesday, January 03, 2012 2:35 PM
To: Johnson, Patricia D. (Local Prod)
Subject: FW: FW: Circuit City - 60th Omnibus Objection - Claim No. 13035

The December distribution was made only to claims with settlement agreements. The 5% distribution will be made up to the other allowed general unsecured claims some time after the expiration of the time period to object to general unsecured claims (end of April).

From: Johnson, Patricia D. (Local Prod) [mailto:Patricia.Johnson@nielsen.com]
Sent: Wednesday, December 21, 2011 12:19 PM
To: Andrew Caine
Subject: RE: Circuit City - 60th Omnibus Objection - Claim No. 13035

Hi,

Please let me know if I can expect a distribution on my claim.

Thanks and Happy Holidays.

Pat

From: Andrew Caine [mailto:acaine@pszjlaw.com]
Sent: Monday, November 21, 2011 7:58 PM
To: Johnson, Patricia D. (Local Prod)
Subject: RE: Circuit City - 60th Omnibus Objection - Claim No. 13035

You have an allowed \$550 claim. We will be making a 5% distribution in early December.

From: Johnson, Patricia D. (Local Prod) [mailto:Patricia.Johnson@nielsen.com]
Sent: Monday, November 21, 2011 6:41 AM
To: Andrew Caine
Subject: RE: Circuit City - 60th Omnibus Objection - Claim No. 13035

Good Morning Mr. Caine,

Could you provide status on my claim? Please let me know.

4/26/2012

Thanks,

Pat

From: Andrew Caine [mailto:acaine@pszjlaw.com]
Sent: Friday, May 20, 2011 3:08 PM
To: Johnson, Patricia D. (Local Prod)
Subject: RE: Circuit City - 60th Omnibus Objection - Claim No. 13035

We are hoping to make a small interim distribution on general unsecured claims before year end. Please feel free to contact me again for an update if you like.

From: Johnson, Patricia D. (Local Prod) [mailto:Patricia.Johnson@nielsen.com]
Sent: Friday, May 20, 2011 10:12 AM
To: Andrew Caine
Subject: FW: Circuit City - 60th Omnibus Objection - Claim No. 13035

Hi Mr. Caine,

Can you please provide an update on my claim?

Thank you.

Pat Johnson

From: Boehm, Sarah B. [mailto:sboehm@mcquirewoods.com]
Sent: Thursday, November 04, 2010 9:52 AM
To: Johnson, Patricia D. (Local Prod)
Subject: RE: Circuit City - 60th Omnibus Objection - Claim No. 13035

The plan went effective on November 1st, but I have been informed that it is unlikely that a distribution on general unsecured claims will occur before 180 days after the effective date. For future updates, you can contact counsel for the Liquidation Trustee, Andrew Caine, at acaine@pszjlaw.com.

4/26/2012

From: Johnson, Patricia D. (Local Prod) [mailto:Patricia.Johnson@nielsen.com]
Sent: Thursday, November 04, 2010 9:44 AM
To: Boehm, Sarah B.
Subject: RE: Circuit City - 60th Omnibus Objection - Claim No. 13035

Good Morning Sarah,

Could you provide an update regarding the distribution of my settlement or let me know where I could find this information?

Thank you,

Pat

From: Johnson, Patricia D. (Local Prod)
Sent: Friday, August 13, 2010 11:17 AM
To: Boehm, Sarah B.
Subject: RE: Circuit City - 60th Omnibus Objection - Claim No. 13035

Thanks Sarah! This gives me a good timeline as to when I can expect the settlement.

Thank you,

Pat

From: Boehm, Sarah B. [mailto:sboehm@mcquirewoods.com]
Sent: Friday, August 13, 2010 11:09 AM
To: Johnson, Patricia D. (Local Prod)
Subject: RE: Circuit City - 60th Omnibus Objection - Claim No. 13035

General unsecured claims will be paid pro rata in accordance with the terms in the plan. At this time, the plan is tentatively scheduled for a confirmation hearing in September, so the earliest you could receive a distribution from the Liquidating Trustee would be in October, but this is subject to change/delay.

4/26/2012

From: Johnson, Patricia D. (Local Prod) [mailto:Patricia.Johnson@nielsen.com]
Sent: Thursday, August 12, 2010 2:05 PM
To: Boehm, Sarah B.
Subject: RE: Circuit City - 60th Omnibus Objection - Claim No. 13035

Sarah,

Thank you for working with me on this claim. Yes, I agree to reduce the claim from \$799 to \$550. When may I expect to receive the reimbursement check? Please let me know.

Thanks,

Pat Johnson

From: Boehm, Sarah B. [mailto:sboehm@mcquirewoods.com]
Sent: Thursday, August 12, 2010 1:56 PM
To: Johnson, Patricia D. (Local Prod)
Subject: FW: Circuit City - 60th Omnibus Objection - Claim No. 13035

Thank you for the voicemail. Apparently I had a typo in your email address. Please see the original email below.

Thank you,

Sarah

From: Boehm, Sarah B.
Sent: Wednesday, August 11, 2010 10:56 AM
To: 'patricia.johnson@neilsen.com'
Subject: Circuit City - 60th Omnibus Objection - Claim No. 13035

Following up on our telephone conversation this morning, in order to resolve the 60th omnibus objection to your claim, you agreed to reduce it from \$799 to \$550, which was the amount you actually paid to have the unperformed work done. Please confirm by return email that claim number 13035 will be reduced to \$550. Thank you.

Sarah Beckett Boehm
McGuireWoods LLP
One James Center
901 East Cary Street
Richmond, Virginia 23219
804.775.7487 (Direct Line)
804.698.2255 (Direct FAX)
sboehm@mcguirewoods.com

This e-mail may contain confidential or privileged information. If you are not the intended recipient, please advise by return e-mail and delete immediately without reading or forwarding to others.

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Katie Bradshaw
Senior Trust Manager
Circuit City Stores, Inc. Liquidating Trust
(804) 360-4135 x301

4/26/2012

December 12, 2009

Response and Information regarding the Hearing of the Objection

- 1) Name of Bankruptcy Court: United States Bankruptcy Court
Eastern District of Virginia
Richmond Division
Clerk of the Bankruptcy Court
701 East Broad Street – Room 4000
Richmond, VA 23219
- 2) Name of Debtors: Circuit City Stores, Inc., et al
- 3) Case Number: 08-35653 – KRH
Chapter 11
- 4) Title of the Objection: Seeks to Disallow Claim
- 5) Claimant Name: Patricia Johnson
2680 Bellhurst Dr.
Dunedin, FL 34698
727-736-2839
- 6) Claim Number: 13035
- 7) Amount claimed as filed: \$799.99

Reason to overrule objection:

I, Patricia Johnson, object to the disallowing of my claim in the amount of \$799.99 for the installation of a home theater system purchased from Circuit City Stores (see attached documentation) which was to be installed by their FireDog service. The installation was never performed by the FireDog service. We contacted Circuit City (see attached emails) and we were told we would receive a refund which we never received. We needed to get our home theater installed so we had another service, High Definition Solutions, install it for \$542.00 on 1/31/09 (see attached receipt).

My husband, Gary Johnson, has personal knowledge of this claim since he initially contacted Circuit City regarding our refund.

Gary Johnson
2680 Bellhurst Dr.
Dunedin, FL
727-736-2839

Notice Address: Patricia Johnson
2680 Bellhurst Dr.
Dunedin, FL 34698
727-736-2839

Authority of Reconcile: Gary Johnson
2680 Bellhurst Dr.
Dunedin, FL 34698
727-736-2839

B 10 (Official Form 10) (12/08)

| | | |
|---|--|---|
| UNITED STATES BANKRUPTCY COURT Eastern District of Virginia | | PROOF OF CLAIM |
| Name of Debtor: CIRCUIT CITY STORES, INC. | | Case Number: 08-35653-KRH |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. |
| Name and address where notices should be sent: PATRICIA JOHNSON 2680 BELLHURST DR. DUNEDIN, FL 34698 Telephone number: 727-736-2839 | | Court Claim Number: _____ (If known) |
| Name and address where payment should be sent (if different from above): | | Filed on: _____ |
| Telephone number: | | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. |
| 1. Amount of Claim as of Date Case Filed: \$ 799.99 Seven hundred ninety-nine and 99/100 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. | | <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. |
| 2. Basis for Claim: PURCHASED HOME THEATER INSTALLATION (See instruction #2 on reverse side.) | | 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. |
| 3. Last four digits of any number by which creditor identifies debtor: 9116 CHASE CREDIT CARD 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.) | | Specify the priority of the claim. |
| 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ | | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). |
| 6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. | | <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). |
| 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: | | <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). |
| Date: 5-7-09 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Patricia D Johnson | | <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). |
| | | <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). |
| | | <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ _____ |
| | | *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |
| | | FOR COURT USE ONLY |

B 10 (Official Form 10) (12/08) - Cont.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Justin
Charles



Just what (needed)

Circuit City Store, Inc.

Store 00891

24244 - 11 MAY 19 11:00 AM

CITY CENTER, FL 33

327-1726-281

7562899

09/22/2007

5:50:32 PM

Trans: 0797

Store: 00891

Rev: 024

Time: 024

10366396

Salah: 5390

318560054



00001020070920070922

1 HOME CABLE 49.99 T

1 HOME 1 @ 49.99 C

12.5 SUBWOOFER 44.99 T

12.5 SUBWOOFER 1 @ 44.99 C

1 PLASMA HDTV 136 299.99 T

1 PLASMA HDTV 1 @ 299.99 C

1 Protection Plan 499.99

1 TER XP 100 FT MINI S 49.99 T

1 TER XP 100 FT MINI S 1 @ 49.99 C

1 TER XP 100 FT MINI S 49.99 T

1 TER XP 100 FT MINI S 1 @ 49.99 C

1 PREMIUM WALL 10 199.99 T

1 PREMIUM WALL 10 @ 199.99 C

1 HLB 7 INCH 80 LIVER 399.99 T

1 HLB 7 INCH 80 LIVER 1 @ 399.99 C

1 PIA 149.99 T

1 PIA 1 @ 149.99 C

Sub Total 6,149.99

FIRE DOG
PREMIUM WALL MOUNT
HOME THEATER INSTALLATION
\$799.99



Opening/Closing Date: 09/22/07 - 10/04/07
Payment Due Date: 10/29/2007
Minimum Payment Due: \$90.00

CUSTOMER SERVICE
In U.S. 1-866-522-7587
Español 1-866-522-7587
TDD 1-800-828-1140
Pay by phone 1-866-522-7587

VISA ACCOUNT SUMMARY

Account Number: 4104 1400 2223 9116

| | | | |
|-------------------|-------------|---|---------|
| Previous Balance | \$0.00 | Credit Line | \$8,000 |
| Purchases, Debits | +\$3,571.06 | Available Credit | \$4,428 |
| New Balance | \$3,571.06 | Available for Cash Advance (Included in available credit amount) | \$4,000 |

ACCOUNT INQUIRIES

P.O. Box 15678
Wilmington, DE 19885-6678

PAYMENT ADDRESS

PO Box 15291
Wilmington, DE 19886-6291

VISIT US AT:

www.cardaccountservice.com/circuitcity

Please see enclosed (Privacy Policy and Change in Terms notice) for important information about your account.

REWARDS POINTS SUMMARY

Your Circuit City Rewards ID Number 70062726222

Rewards Points you have earned through 10/04/2007 16725

Total Rewards Points available for redemption 0

Rewards Points pending in your account 16725

Redeem your rewards points today and use your Rewards Certificates towards your next purchase at Circuit City. For every 500 points you earn, you'll receive a \$5 Rewards Certificate. Just visit circuitcityrewards.com anytime to check your point balance and redeem for Rewards Certificates.

TRANSACTIONS

| Trans Date | Reference Number | Merchant Name or Transaction Description | Amount | |
|---------------|------------------------|--|--------|------------|
| | | | Credit | Debit |
| 09/22 | 0891049950830000000000 | CIRCUIT CITY PURCHASE 132 VIDEO CABLES AND ACC 272 AUDIO CABLES AND ACC 126 PLASMA TV 193 FLAT PANEL INSTALLATION 128 HTIB 127 TV MOUNTS | | \$3,571.06 |

FINANCE CHARGE SUMMARY

| Balance Type | Average Daily Balance | Daily Periodic Rate 30 Days in Cycle | Corresponding Annual Percentage Rate | PERIODIC FINANCE CHARGE |
|--------------|--------------------------|---|---|----------------------------|
| Purchases A | \$0.00 | 0.04723% | 17.24% | \$0.00 |
| Purchases C | \$0.00 | 0.06436% | 23.49% | \$0.00 |

Effective Annual Percentage Rate (APR): 0.00%

Please see Explanation of Finance Charge section for balance computation method, grace period, and other important information.

The Corresponding Annual Percentage Rate is the rate of interest you pay when you carry a balance on any balance type.
The Effective APR represents your total finance charges - including transaction fees such as cash advance and balance transfer fees - expressed as a percentage.

IMPORTANT NEWS

Let Circuit City be your one-stop destination for all your home entertainment needs. With the latest in Hi Def TVs, you'll love our selection and value ...and as always you have 3 Ways to Buy: shop 24/7 at circuitcity.com, in-store at one of over 600 locations, or call at 800-593-4391.